

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/27/94
O.I.P.E. CLASSIFIER		49	11/1/99
FORMALITY REVIEW	<i>[Signature]</i>	60125	11/8/95

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	04/02/02
2	✓	✓	09/16/02
3	✓	✓	02/15/03
4	✓	✓	06/24/03
5	✓	✓	12/14/03
6	✓	✓	06/10/04
7	✓	✓	
8	✓	✓	
9	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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